

FOCUS Resiliency Training:

A Model for Military Family-Centered Prevention Services

Force Health Protection Conference
Deployment Healthcare Track

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Session Objectives

- Explain the impact and unique value of family-centered resiliency training and short-term skill-building interventions for military families in the context of family well-being and force readiness
- Provide an example of the operationalization of the five components of FOCUS resiliency training and describe

FOCUS (Families OverComing Under Stress):

Trauma-Informed Family-Centered Intervention to Support Families
Affected by Combat Operational Stress

Adapting UCLA-Harvard Team's Evidence Based Interventions

- **Children with a depressed parent**
 - **(Beardslee et al., 2003)**

- **Children with medically ill parent**
 - **(Rotheram-Borus et al., 2001, 2004, Lester et al 2008)**

- **Children affected by war**
 - **(Layne, Saltzman, Pynoos 2008)**
 - Children affected by USMC parental combat deployments**
(Saltzman & Lester, 2006)

BUMED FOCUS Demonstration Project

The Defense Health Board Task Force on Mental Health identified the need for prevention services that build resiliency within military families, and provide better access and continuity of psychological health care for children and families across the armed services.

The growing awareness of the significant challenges of these deployments on military family life and child and family well-being prompted a new initiative by the Department of Navy Bureau of Medicine and Surgery and United States Marine Corps.

As a service project contracted by the Bureau of Medicine and Surgery (BUMED), FOCUS addresses these concerns related to parental combat operational stress injuries and combat-related physical injuries by providing state-of-the-art family resiliency services to military children and families.

The Importance of Family Centered Prevention for Combat Operational Stress



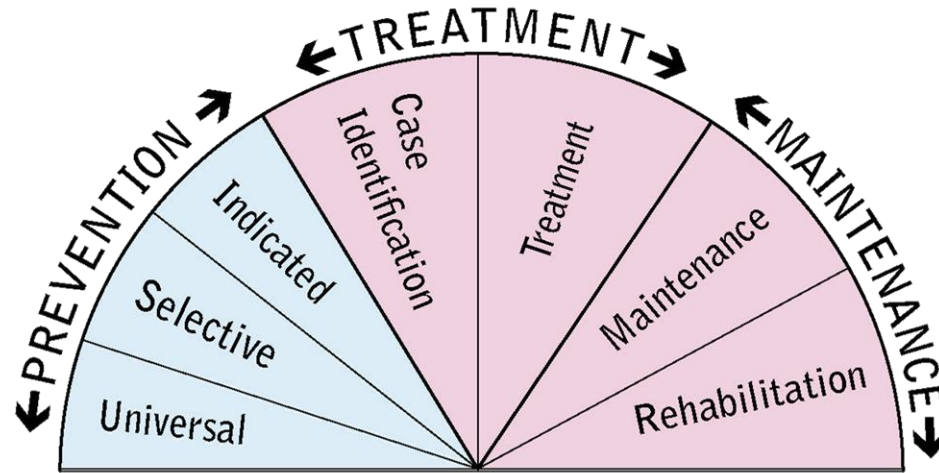
- Important gateway to services, given the multiple barriers to care in the military and elsewhere
- Integration of the Combat Operational Stress Control Model at a family and community level
- Opportunity for screening, prevention and intervention
- Supporting readiness, recovery, and reintegration

FOCUS Approach: Public Health Model

- Prevention embedded in systems of care
- Combat Operation Stress Control Model
 - Tiered approach to Services
- Collaborative Approach: National Response to Military Families
 - including Military Leadership, Base and Unit Command, Behavioral Health, Medicine, Chaplains, Family Services, University, Policy Makers, Community-based Support Services, Schools

Institute of Medicine (IOM) Taxonomy for Mental Health Interventions

PREVENTION
targets those
who are well or
whose
symptoms are
subclinical

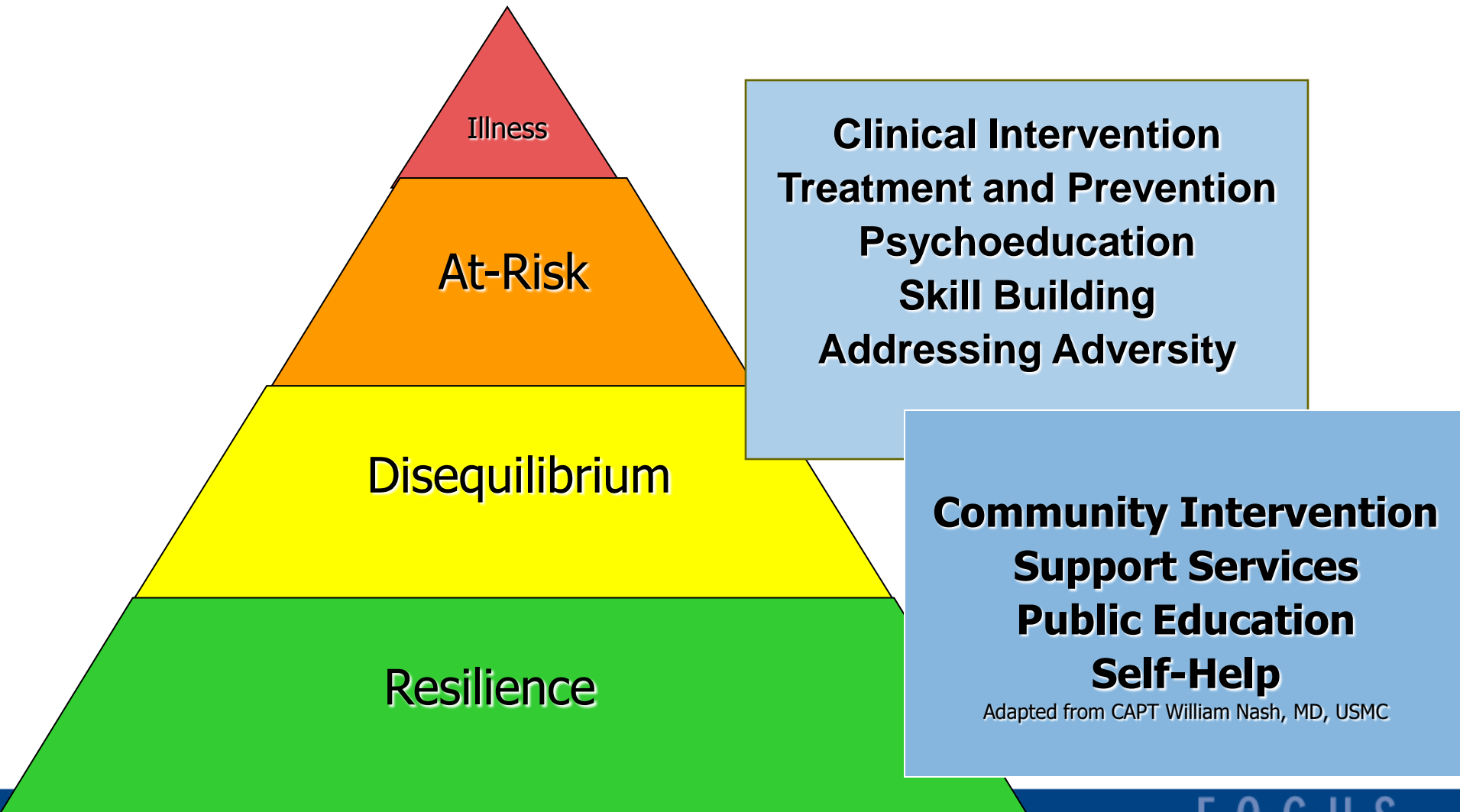


TREATMENT
targets those
who have
diagnosable
mental
disorders

Three Target Populations for Prevention Interventions

UNIVERSAL	SELECTIVE	INDICATED
Everyone in a population	Subgroups of the population at heightened risk	Individuals suffering subclinical distress or impairment

Tiers of Intervention





Combat Operational Stress Continuum for Families

STRESS CONTINUUM

READY	REACTING	INJURED	ILL
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READY	REACTING	INJURED	ILL
<ul style="list-style-type: none"> Good to go Prepared for deployment Functioning OK socially, emotionally, vocationally, academically 	<ul style="list-style-type: none"> Distress or impairment Mild, transient Anxious or irritable Behavior change 	<ul style="list-style-type: none"> More severe or persistent distress or impairment Leaves lasting impact (personality change) 	<ul style="list-style-type: none"> Stress injuries that don't heal without intervention Depression Anxiety Addictive Disorder

Responds to Self Help	Needs Professional Help
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FOCUS Project Goals

- ❑ Address impact of combat operational reactions and injuries across the family
- ❑ Support more open and effective communication
- ❑ Address ongoing interference of trauma or loss reminders on parenting and family life
- ❑ Assist parents to work together to monitor interactions and maintain consistent routines
- ❑ Develop positive coping skills to address challenges, build resiliency, and enhance readiness within the family
- ❑ Promote family readiness through skill development

FOCUS Sites

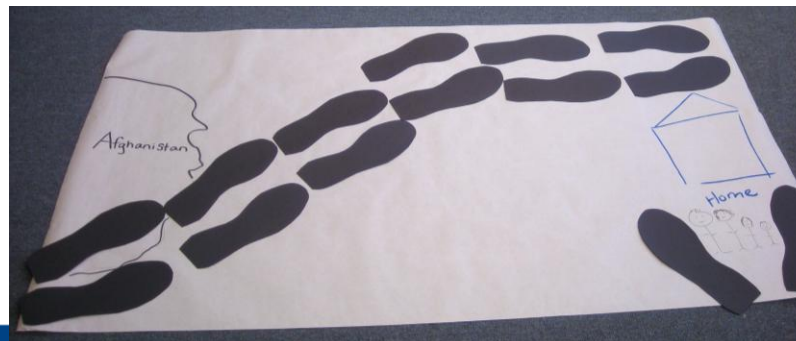
MCB Camp Pendleton, California
MCAGCC Twentynine Palms, California
MCB Camp Lejeune, North Carolina
MCB Kaneohe Bay, Hawaii*
MCB Okinawa, Japan*
MCB Quantico, Virginia
USMC Wounded Warrior Regiment
Naval CBC Gulfport, Mississippi
Naval Base Ventura County, California
Naval Station San Diego, California
Naval Station Norfolk, Virginia*
NAB Coronado Island, California
NAB East Little Creek / Dam Neck, Virginia
NAS Whidbey Island, Washington*
Camp Pendleton- Wounded Warrior Battalion West
Camp Lejeune - Warrior Battalion East



** Initiated for Army & Air Force 9/09 through DOD Mil. Family and Community Policy Office*

Suite of FOCUS Services to Facilitate Community Change and Meet Family Needs

- ❑ Multi-session individual family resiliency training
- ❑ Skill building groups for children, parents and families
- ❑ Educational workshops and community outreach
- ❑ Provider and family consultations:
- ❑ Real-time family check-up with immediate customization of services
- ❑ Program evaluation
- ❑ Standardized training package to support large scale dissemination

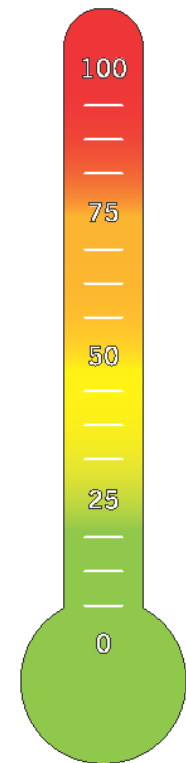


FOCUS Resiliency Training

Core Components

- ❑ Family level education: Combat Operational Stress Continuum, developmental guidance, trauma-informed psychoeducation
- ❑ Family deployment timeline
 - Bridge estrangements / misunderstandings
 - Support co-parenting
 - Link skills to family (and child) experience
- ❑ Family level resiliency skills across the deployment cycle (*goal setting, problem solving, communication, emotional regulation, manage trauma/loss reminders*)
- ❑ Link to other services

Feeling Thermometer



Family Timeline Narratives



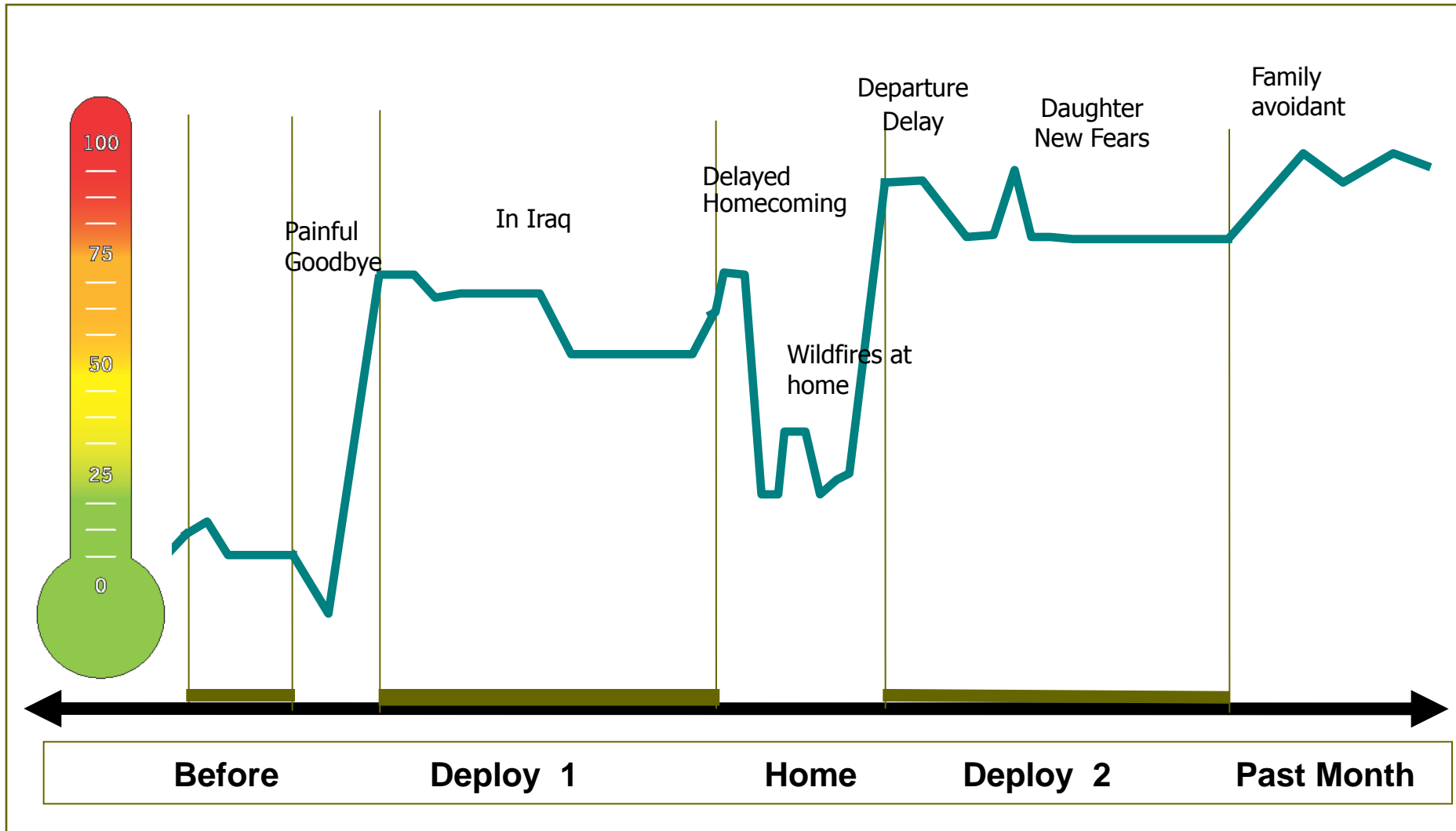
Establish a family deployment narrative

Provides a context for typical child and family reactions and responses

Frame the role of the resiliency training goals

Promotes perspective taking and shared understanding within the family

Parental Timeline



Timemap 2



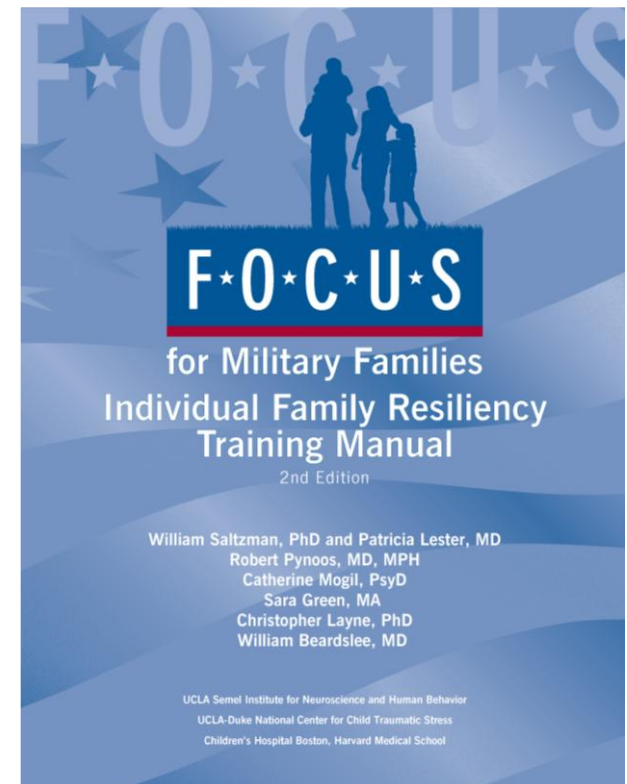
FOCUS Skill Building for Families



Emotional Regulation
Goal Setting
Problem Solving
Communication Skills
Manage Trauma &
Loss Reminders

FOCUS Family Resiliency Training Foundation for Sustainability

- Best Practice Interventions
 - Require program standardization
 - Feasibility and portability
 - Implementation flexibility
 - Integration into a collaborative system of care
 - Program evaluation for quality improvement/quality control
- Program Standardization
 - User friendly manuals and training
 - Rigorous training and supervision standards
 - Process for customization to address unique needs of individual family, military branch, and individual installation



Referral Sources to FOCUS through February 28, 2010

Source of Referrals	Percent of Referrals*
Workshops	2.90%
Chaplain	3.23%
Health Care Provider	4.78%
Skill-building groups	5.04%
Other (specify)	4.71%
Military	6.85%
Mental Health Provider	8.17%
Military Social Services	9.46%
School	13.64%
Self - Referred	41.22%
Total	100.00%

*Referrals for 821 families.

Participation in FOCUS Services

Community Outreach and Education	Events	Attendees
Total Community Group Briefings	639	33,338
Provider Group Briefings	333	7,388
Indirect Outreach/ Presentations	620	47,064
FOCUS Consultations	438	1,637
FOCUS Educational Workshops	311	8,431

Participation in FOCUS Services

FOCUS Resiliency Training	Number	Attendees	
FOCUS Family Skill Building Groups	457	Adults	1,522
		Children	2,626
		Total	4,148
FOCUS Individual Family Training		Adults	1,099
		Children	1,180
		Total	2,279
FOCUS Family Consultations		Adults	46
		Children	42
		Total	88

FOCUS Individual Family Training: Age Distribution of Children Enrolled

Child Age (years)	N (Total: 1,180)	Percentage of Total
3-4	259	21.9%
5-7	414	35.1%
8-10	245	20.8%
11-14	198	16.8%
15-18	64	5.4%

FOCUS Referrals Out

Referral Out	Number	%
Community Referrals		
Other	2	0.56%
Health and Wellness Services	4	1.12%
Healthcare Provider- Community	5	1.40%
Additional FOCUS Services	7	1.97%
Informational Resources- Community	10	2.81%
Social Services- Community	10	2.81%
School Services	28	7.87%
Mental Health Provider- Community	84	23.60%
Military Referrals		
Informational Resources- Military	2	0.56%
Military One Source	3	0.84%
Chaplain	10	2.81%
Healthcare Provider- Military	13	3.65%
Mental Health Provider- Military	57	16.01%
Social Services- Military	121	33.99%
Total	356	100.00%

FOCUS Evaluation Plan

▣ Real-time family check-up:

- Entry, Exit, and follow-up
- Assessment-driven intervention
- Customized to individual family goals and needs

▣ Program evaluation

- Family member satisfaction
- Perception of impact
- Psychological impact
- Multiple reporters
- Impact over time



Parental Psychological Health at Intake

Family Check-in

- ▣ **Brief Symptom Inventory (BSI-18;** Derogatis, 2000): Self-report – Screening for Anxiety, Depression, and Global Distress
- ▣ **PTSD Checklist (PCL;** Weathers et al., 1993): Self-report – Screening for Post traumatic stress symptoms, civilian and military
- ▣ **Family Assessment Device (FAD;** Epstein et al., 1983): Self-report – Assessment of a family member's perception of their family's functioning
- ▣ **Global Assessment of Functioning (GAF;** DMS-IV, 2000): Trainer-report – Rating of overall level of psychosocial functioning

Child Emotional and Behavioral Assessment at Intake Family Check-In

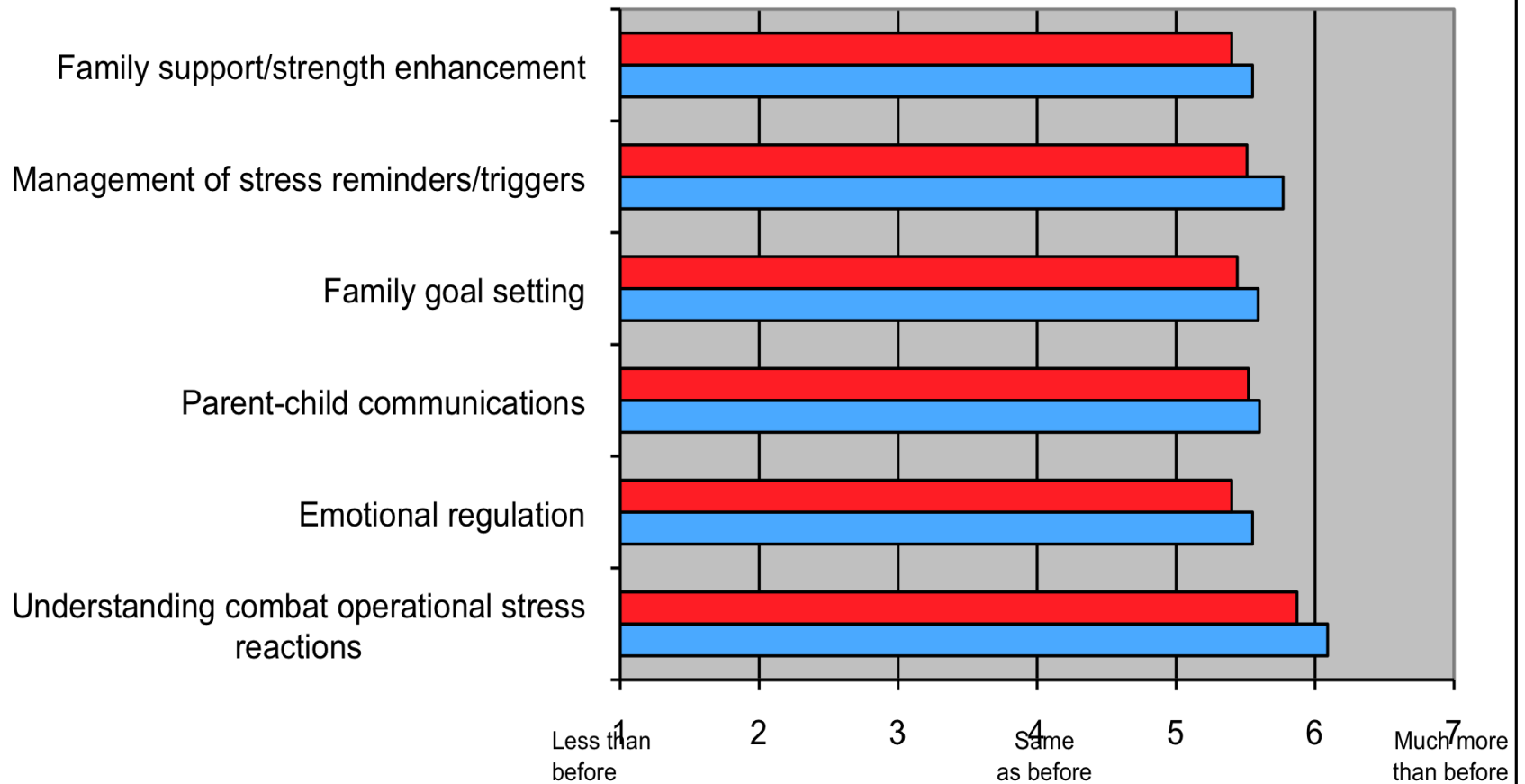
- ❑ Child emotional and behavioral parent-report assessment at baseline and Pre and Post (follow up) FOCUS family training
- ❑ **Strengths and Difficulties Questionnaire (SDQ; Goodman & Scott, 1999):**
 - Scales:
 - Total Difficulties* (combined subscales)
 - Pro-social Behaviors* (strengths)
 - Conduct Problem Subscale* (externalizing)
 - Emotional Distress Subscale* (internalizing)

FOCUS Impact on Family Psychological Health

- Children reported increased use of **positive coping strategies** in dealing with stressful events, including significant increases in **problem solving** ($p = .0001$) and **emotional regulation** ($p = .005$).
- Parents reported reductions in child **conduct problems** ($p < .0001$), Reductions in **emotional symptoms** ($p = .001$), such as **anxiety** and **depressive** symptoms, and improvements in child **prosocial behaviors** ($p = .01$).
- Parents reported decreased their own **depression** ($p < .01$) and **anxiety symptoms** ($p = .002$).
- Family functioning improved (**problem solving, communication, roles, affective responsiveness, behavior control**) ($p < .0001$).

Parent Perception of Change After Intervention

■ AD ■ NAD



FOCUS Services: Family Satisfaction Ratings

Individual Family Resiliency Training

Adults reported mean scores between 6.51-6.70 on 3 scales of 1-7 (1=Very Harmful, Very Dissatisfied, Definitely Not Recommend, 7=Very Helpful, Very Satisfied, Definitely Recommend)

Group Family Resiliency Skill Building

Adults provided strongly positive feedback on the response items, with mean responses ranging from 1.28 to 1.57 on the scale of 1-5 (1=strongly agree, 5=strongly disagree)



Summary: Feedback on FOCUS

- Parents reported high levels of satisfaction with FOCUS services, and indicated common key themes in their qualitative feedback, including greater understanding of their children, increased positive resilience skills in their family, and greater sense of support in managing multiple deployments.
- Parents also indicated positive perception of change in their families understanding and skills linked to core FOCUS intervention components at completion of Individual Family Resiliency Training.
- Parents indicated that they would highly recommend FOCUS individual and group training to other military parents; Referral patterns provide support for this finding.
- Parent, child and family adjustment demonstrated positive change on standardized assessment instruments after participating in FOCUS.

Summary: FOCUS Outcomes

- ❑ Child psychological health assessment indicates significant reduction of emotional distress and behavioral problems, and increase in pro-social behaviors following intervention.
- ❑ Parental psychological health measures and functional adjustment for both active duty and non-active duty indicate significant improvement following intervention.
- ❑ Family adjustment assessment indicated a greater prevalence of families with healthy functioning following intervention.

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